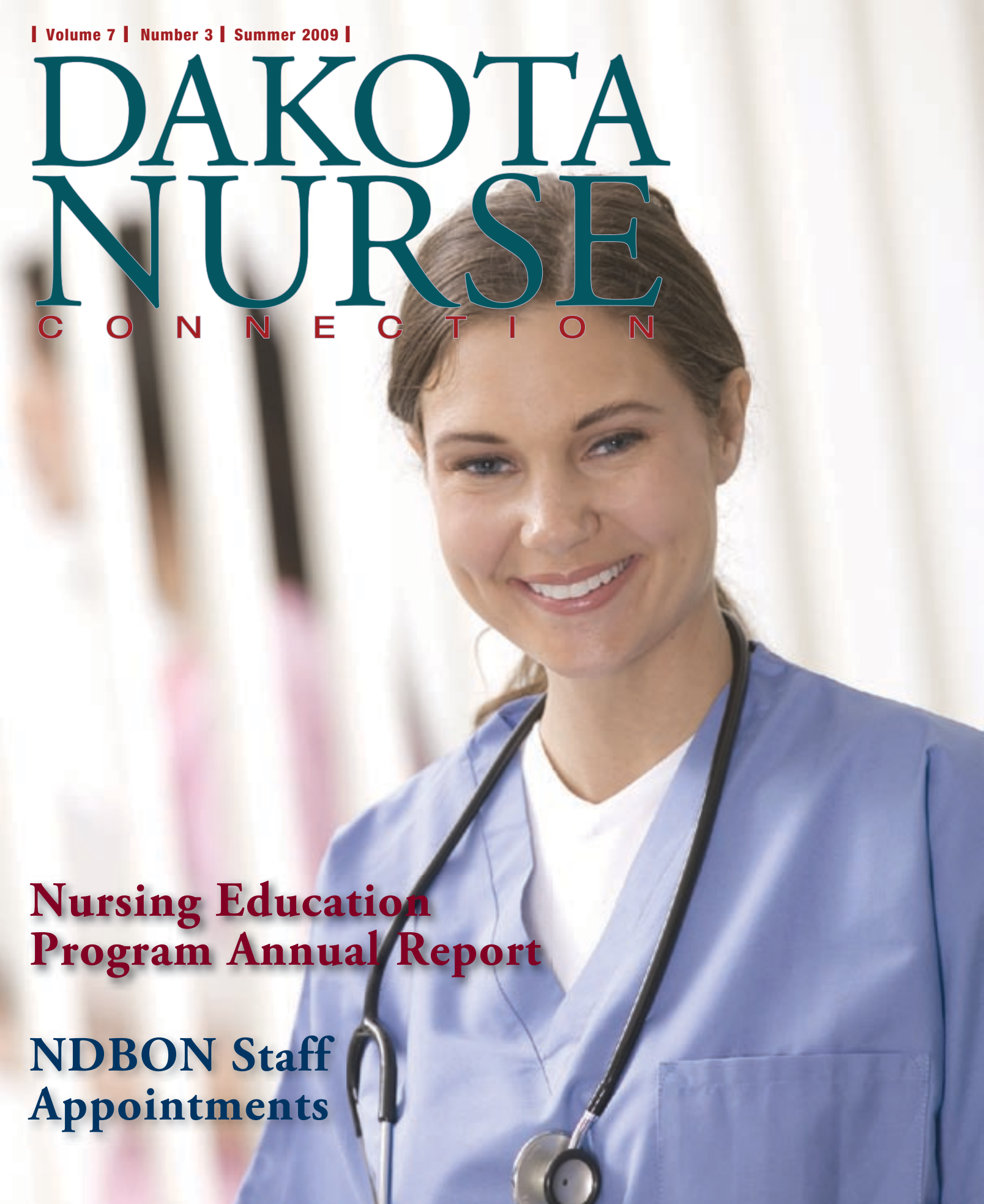
Volume 7 | Number 3 | Summer 2009

# DAKOTA NURSE CONNECTION



## Nursing Education Program Annual Report

## NDBON Staff Appointments

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*Andrea Nelson, RN*
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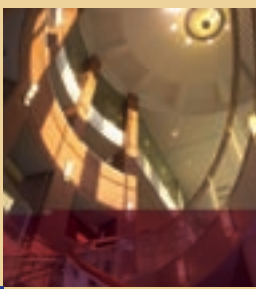

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# DAKOTA NURSE CONNECTION



Dakota Nurse Connection circulation includes over 26,000 licensed nurses, hospital executives and nursing school administration in North and South Dakota.


The ***Dakota Nurse Connection*** is published by the South Dakota and North Dakota Boards of Nursing. Direct ***Dakota Nurse Connection*** questions or comments to:
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# Message from Executive Director

The staff and members of the South Dakota Board of Nursing send you their mid-summer greetings. We hope that you are enjoying family, friends and the warmth of the sun along with your work responsibilities. The focus of my message to you this quarter is a brief update on a few of the regulatory activities of the Board of Nursing.

In this edition of the Dakota Nurse Connection, you will find information on recent changes to the administrative rules governing the practice of nurse practitioners and nurse midwives. Specifically, two rules have been amended that change the requirements for collaboration by direct personal contact with a physician and collaboration at separate practice locations (ARSD 20:62:03:03 and 20:62:03:05). Collaboration by direct personal contact must occur no less than twice each month unless it has been established that one of the meetings may be held by telecommunication. This rule became effective on January 1, 2009. The most recent amendment takes effect on July 6, 2009, and requires that the collaborating physician be physically present at each practice location every ninety days. This does not apply to locations where health care services are not routine to the setting, such as patient homes or school health screening events. All licensed nurse practitioners and nurse midwives in SD will be receiving a personal notice of these changes.

A focus of discussion at the June 18th and 19th meeting of the Board of Nursing was the increasing number of nursing practice errors that we are receiving in the form of formal complaints against individual nurses and the concept of Just Culture. Dr. Lucian Leape, Professor, Harvard School of Public Health, provided the following testimony to a Congressional Hearing on Health Care Quality Improvement on medical mistakes.

*"The single greatest impediment to error prevention in the medical industry is that we punish people for making mistakes."*

The Board of Nursing is studying the concepts of "Just Culture and Patient Safety" as identified by David Marx. The Board is seeking to balance their public protection responsibilities with these concepts as the cases are investigated by staff and final action is taken by the Board. Specifically, the Board is evaluating errors to determine if the error is an inadvertent action (human error), an action where the risk is not recognized or believed justified (at risk behavior) and those errors that are the result of conscious disregard of unreasonable risk (reckless behavior). Although nurses will be held accountable for errors, it is only the reckless behavior that justifies any form of punishment. You can expect to hear more detail on this subject.

July 1, 2009, is the start of the 2010 Fiscal Year for the Board of Nursing. We are happy to report that our financial condition remains stable and that we are not anticipating a licensure fee increase. You will remember that our last fee increase was in 2003. We are pleased that we have been able to operate effectively without an increase to our licensees even though the cost of doing business increases every year.

We have continued to show an increase in the number of licensees in our state with out of state endorsements and initial licensure by examination. The following statistics represent our current numbers:

| | |
|---|---|
| RNs | 12,861 |
| LPNs | 2,227 |
| CNM | 23 |
| CNP | 370 |
| CRNA | 378 |

The preceding items are a sampling of the issues that we are dealing with in the regulatory arena. We will keep you informed of current issues in the upcoming editions of the Dakota Nurse Connection. I will be in touch with you again in the Fall. Please contact us at the Board of Nursing with any questions or concerns that you may have regarding regulation.

Sincerely,

*Gloria Damgaard, Executive Director*

# Message from the Executive Director

Hope you are all having a wonderful, relaxing summer. Remember as caretakers, we need to take time out for ourselves and relax and enjoy life.

This has been another busy year at the Board of Nursing. The legislative session, which ended in late April, left the board and staff with a number of laws that will involve changes in processes. When laws are revised or added the effective date for the new law is typically Aug. 1, unless otherwise indicated in the legislation. See page 24 for a listing of the legislation.

I would like to take the time to give you a brief recap of what has been happening here.

- The board continues to support the Nursing Needs Study. The licensed nurse and student survey was completed in July 2009. Dr. Moulton will have the results to present in mid-July.
- As far as rule promulgation, Expedited Partner Therapy rules became effective on Jan. 1, 2009. This rule allows APRN to prescribe medication for partners diagnosed with STDs. This rule making was a joint effort of the NDBON, Board of Pharmacy and Board of Medical Examiners. A first as a joint effort, making it noteworthy.
- ND Nurses continue to participate in the Nurse Licensure Compact. We now have 24 states in the mutual recognition model. Missouri was the latest state to join. The mutual recognition model of nurse licensure allows a nurse to have one license (in the nurse's primary state of residence) and to practice in other states, as long as that individual acknowledges that he or she is subject to each state's practice laws and discipline.
- The online processes continue to expand. All renewal, examination, and endorsement applications are processed online. We have included a tracking system, so the applicant can go online to check the status of the licensure application. So awesome!!
- Criminal History Record Checks began in July 2008, with a "rocky" start. I was publicly accused of a conflict of interest by two state association executives. The allegation proved to be unfounded but did slow up the process for implementation. I appreciate and want to thank all the nurses from around the state that sent me notes, e-mails and made calls in support of me. The board was ultimately forced to move the CHRC process in-house which has increased costs for the board, along with hiring additional staff. Staff has processed approximately 1,274 records this year.
- As you know, each licensee must have completed 12 contact hours for each renewal. The CE Audit this year went smoothly, no one audited needed to receive disciplinary action.
- The nursing education approval process has also been busy this year. We have surveyed NDSU Graduate Program and the Dakota Nursing Programs- AAS & certificate PN. All received full approval.
- The ND Nursing Education Consortium was active during the legislative session and managed to have $500,000 appropriated from stimulus money to purchase simulators for the nursing programs. What a wonderful opportunity for the programs to work together and share resources.

It is an exciting time to be involved with nursing regulation. So many challenges and opportunities are coming our way. Once again, I hope you are enjoying your summer! God Bless you all!

*Constance B. Kalanek PhD, RN, FRE*
*Executive Director*
*ckalanek@ndbon.org*

## MISSION STATEMENT

To safeguard life, health, and the public welfare, and to protect citizens from unauthorized, unqualified, and improper application of nursing education programs and nursing practices, in accordance with **SDCL 36-9** and **SDCL 36-9A**.

## South Dakota Board of Nursing Officers and Members

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LPN Member, Yankton
**Patricia Wagner**
LPN Member, Sioux Falls

## Upcoming Board of Nursing Meetings

**September 15-16, 2009**
*September 1, 2009
**November 19-20, 2009**
* November 5, 2009

*Deadline for submission of agenda items and materials.

**All licensure forms, the Nurse Practice Act and contact information is available on the South Dakota Board of Nursing Website at www.nursing.sd.gov.**

## Board Staff Directory

**Gloria Damgaard, RN, MS, FRE**
Executive Director
gloria.damgaard@state.sd.us / (605) 362-2765

| | |
|---|---|
| **Nancy Bohr, RN, MBA, MSN**<br>Nursing Program Specialist<br>Regarding Nurse Aide Training, Medication Administration Training, and Nursing Education. | nancy.bohr@state.sd.us<br>(605) 362-2770 |
| **Kathy Rausch, RN-BC, FAACVPR**<br>Nursing Program Specialist<br>Regarding discipline matters. | kathy.rausch@state.sd.us<br>(605) 362-3545 |
| **Linda Young, RN, MS, BC, FRE**<br>Nursing Program Specialist<br>Regarding Advanced Practice Nursing, Scope of Practice, and Nursing Work Force Center. | linda.young@state.sd.us<br>(605) 362-2772 |
| **Erin Matthies**<br>Licensure Operations Manager | Erin.Matthies@state.sd.us<br>(605) 362-3546 |
| **Robert Garrigan, Accountant**<br>Regarding NCLEX Examination. | robert.garrigan@state.sd.us<br>(605) 362-2766 |
| **Jean McGuire, Senior Secretary**<br>Regarding licensure by endorsement and certified nurse aide registry. | jean.mcguire@state.sd.us<br>(605) 362-2769 |
| **Winora Robles**<br>Program Assistant | winora.robles@state.sd.us<br>(605) 362-3525 |
| **Lois Steensma, Secretary**<br>Regarding licensure verification, renewal, name changes, duplicate licenses, and inactive status. | lois.steensma@state.sd.us<br>(605) 362-2760 |

## Licensure Information

***License Verification:***
Licensure status for all nursing professions and the certification status for certified nurse aides can be verified online, www.nursing.sd.gov, select Online Verification. A verification search may be done using license number or name. The verification report generated is considered a South Dakota Board of Nursing document and primary source verification.

***Criminal Background Checks Required for RN and LPN Applicants***
Criminal background checks (CBC) must be submitted to the SD Board of Nursing for all new RN, LPN, CRNA, and CNS applications for licensure by examination or endorsement on the South Dakota Board of Nursing cards. Please note: Cards from other agencies are not accepted.

CBC materials, which include fingerprint cards, will be mailed upon request; contact the Board of Nursing office at (605) 362-2760 or e-mail Lois.Steensma@state.sd.us. Completed CBC materials and $43.25 fee, payable to South Dakota Division of Criminal Investigation (DCI), must be received to process licensure application. **Incomplete materials will delay processing CBC and licensure application.**

*Online Renewals with previous licensure discipline history or criminal convictions:*
Licensed nurses with licensure discipline and a history of criminal convictions are unable to process their renewal applications online and must submit the paper renewal application.

*Verification of Employment:*
If you choose to complete your renewal online, you will be required to attest to the hours that you have worked during the renewal period. The Board will periodically audit and request a completed employment verification form.

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# South Dakota Board of Nursing Meeting Highlights
## January 2009

**Education**

- Accepted 2008 Nursing Education Programs Annual Report
- Accepted SDSU Annual Report for RN and LPN Refresher Courses and granted renewal approval for 2009
- Placed Presentation College BSN and ADN Nursing Education Programs on Probationary Status for two years.

*Note: Board meeting minutes are available on our Website at www.doh.sd.gov/boards/nursing.*

## DISCIPLINARY ACTIONS TAKEN BY THE SOUTH DAKOTA BOARD OF NURSING

**April 2009**

Kathrina C. M. Cline
Reinstatement with Probation & Conditions
.....P008790

Sheri D. Deibert
Reinstatement with Probation & Conditions
..... R031241

Michele J. Schmidt
Suspension
..... R022633 & CNP000294

## The Burden of Diabetes in South Dakota—Common, Costly, and Controllable

- **Pre-diabetes is the general term applied to impaired glucose tolerance or impaired fasting glucose**
- **149,250 adult South Dakotans have pre-diabetes**
- **Pre-diabetes increases the risk for type 2 diabetes, heart disease, and stroke**
- **The Diabetes Prevention Program showed that lifestyle interventions (losing weight and increasing activity) can reduce the likelihood of developing type 2 diabetes by 58% over 3 years**
- **This reduction is even greater (71%) for those 60 years and older**

From The Burden of Diabetes in South Dakota produced by the South Dakota Department of Health Diabetes Prevention & Control Program (DPCP). The full burden report , along with the Recommendations for Management of Diabetes in South Dakota guidelines and the South Dakota Diabetes State Plan 2007-2009 are available at http://diabetes.sd.gov or from the DPCP at (605) 773-7046 or colette.hesla@state.sd.us. These publications were developed as part of a statewide initiative to improve the health care of people at risk for and with diabetes.

# Collaboration Requirements Changed for Nurse Practitioners & Nurse Midwives

*Linda Young, MS, RN, FRE, BC*
*Nursing Program Specialist*
*South Dakota Board of Nursing*

Effective July 6, 2009 a new administrative rule is going into effect for nurse practitioners (CNP) and nurse midwives (CNM) who practice at multiple or separate practice locations.

The new **Administrative Rules of South Dakota 20:62:03:05. Collaboration – Separate practice location** is as follows, in addition to the required two meetings per month, the collaborating physician must be physically present on-site every ninety days at each practice location. This requirement does not apply to locations where health care services are not routine to the setting, such as patient homes and school health screening events.

Nurse midwives and nurse practitioners are required to submit an Addendum to their collaborative agreement or the revised Collaborative Agreement to the South Dakota Board of Nursing by August 14, 2009 to update previously approved collaborative agreement(s) on file with the Joint Board of Nursing and Medical and Osteopathic Examiners. This submission is needed in order to allow a previously approved agreement(s) to remain effective and in compliance with current practice requirements. Note the Addendum to the Collaborative Agreement also includes the

new language in **Administrative Rules of South Dakota 20:62:03:03. Collaboration with a licensed physician or physicians** which became effective January 1, 2009.

A copy of the Addendum and the revised collaborative agreement will be mailed to licensed CNMs and CNPs home addresses. Both documents can also be accessed on the Board of Nursing website, www.nursing.sd.gov, select 'Site Index' from right menu bar. Please be advised that for future collaborative agreement requests, only the most current collaborative agreement will be accepted for approval.

*Should you have questions, please contact the South Dakota Board of Nursing.*

## Scope of Practice Clarification for Certified Medical Assistants

The South Dakota Joint Board of Nursing and Medical and Osteopathic Examiners met April 8, 2009, and determined that Medical Assistants are permitted to administer medications by inhalation route as long as the supervising physician assures appropriate training, competence, and assumes ultimate responsibility for administration of such drugs.

This statement along with additional information about the practice of a Medical Assistant in South Dakota can be found on the Board of Nursing Web site, http://doh.sd.gov/Boards/Nursing/medasst.aspx.

# The Clinical Nurse Leader: A New Role for Nursing and Health care

*Sandra Bunkers, PhD, RN; FAAN*
*Graduate Department Head & Professor*
*College of Nursing, South Dakota State University*

*Margot Nelson, PhD, RN*
*Department Chair of Nursing*
*Augustana College, Sioux Falls, South Dakota*

The first "Clinical Nurse Leaders" in South Dakota will complete their Master's-level preparation in the summer of 2009 through graduate study at Augustana College and South Dakota State University. The Clinical Nurse Leader (CNL) is a new graduate nursing role that has evolved in response to the growing emphasis on quality and safety in health care. The CNL program is a national initiative developed by leaders in nursing education and nursing practice with more than 102 nursing education programs and 211 practice organizations participating in this collaborative education-practice venture to provide nursing clinical expertise at the point of care.

Standing L to R: Erica DeBoer, Sanford USD Medical Center and Jill Rye, Avera McKennan Hospital and University Health Center. Seated L to R: Janet Liefeld, Sanford Luverne, MN, and Linda March, Avera McKennan Hospital and University Health Center.

Augustana College Department of Nursing and South Dakota State University College of Nursing have worked together to develop a nursing curriculum providing students with the knowledge and skills to become a CNL. The CNL is prepared for leadership across all settings in which healthcare is delivered--providing, managing, and coordinating patient-centered and population-specific healthcare responsive to the needs of individuals, groups, populations and communities. The CNL assures client-centered care through intra- and interdisciplinary coordination and lateral integration of care in increasingly complex care systems.

The Clinical Nurse Leader program of study prepares graduates who:

- Can provide clinical leadership in all health care settings;
- Will implement outcomes-based practice and quality improvement strategies;
- Will engage in clinical practice, contributing to the profession at their full scope of education and ability; and
- Will create and manage Microsystems of care that will be responsive to the health care needs of individuals and families (American Association of Colleges of Nursing, 2007).

South Dakota State University College of Nursing and Augustana College Department of Nursing have collaborated with Avera Mckennan Hospital and University Health Center, Sanford USD Medical Center, Rapid City Regional Health System, and the Sioux Falls Veterans Administration Hospital in developing the CNL curriculum and in implementing the clinical courses and role responsibilities of the CNL. Graduate nursing student responses to this collaborative effort have been positive and productive, with the new role of the CNL evolving and contributing to the quality of care in participating care settings. Following are students' insights and reflections about the program and the role:

## Student Perspectives

Why did they choose the CNL Master's Degree program?

*The program seemed to meet my needs perfectly from the start. I love acute care, and the CNL program meant work at a Master's level that would benefit patients in the acute care setting. I would not need to change positions–just grow in [my] current roles*

*I had a great desire to [pursue graduate education], but I just wasn't finding a "fit."…I also realize that there is a need for clinical expertise at the point of care in any area of nursing.*

*Prior to the CNL program, Master's-prepared nurses were [typically] in clinic settings...away from "the bedside"…This program is a great way to focus on patient outcomes, evidence-based practice and quality.*

How has their practice changed in the course of the program?

*I am able to identify the needs of the [patient care] unit and apply best practices. The program has helped us to evaluate the research and determine the best course of action to benefit our patients. We have implemented several practice changes in our interdisciplinary teams that have had a positive impact [on patient care].*

*I have the ability to seek out evidence to change practice, unlike what I have done in the past. Evidence supports change and creates momentum for changing a culture…The CNL program has opened my eyes to something bigger than I have known [and given me] the tools to apply knowledge in my workplace to create better environments of care for patients and staff.*

Why would you encourage others to choose the CNL program?

*The CNL program will take you wherever you want to go! It is flexible and able to provide you with the knowledge to make a difference, no matter where your expertise lies…We have the opportunity to advance and support the art [and science] of nursing, which will continue to assist nurses in providing the best possible care to patients.*

*Historically, [nurses with graduate preparation] have left the bedside…When they leave, their expert knowledge and experience is taken with them. We need those talented individuals to stay at the bedside…and utilize evidence-based practice to positively influence change.*

*The program is a great way to rekindle your passion for nursing!*

## Summary

The Clinical Nurse Leader is a new role that provides opportunities for nurses to pursue development of leadership skills and clinical expertise while at the same time contributing to the excellence of care in their health care settings. Through their courage and initiative, the first CNL graduates are pioneering the role and helping to more fully define and demonstrate its contribution. The development of the role and the educational program nationally and regionally has created a win-win relationship between education and practice. The CNL role models the innovative collaboration between nursing education and nursing practice that is essential for nursing to realize its potential to influence quality of care at the point of care.

# Nursing Education Program Annual Report 2008

*Nancy Bohr, RN; MBA, MSN*

The *2008 Annual Report of South Dakota Nursing Education Programs* provides the Board of Nursing an assessment of each nursing education program's compliance with standards outlined in South Dakota's Nurse Practice Act. The fifteen nursing education programs in South Dakota provided information to the Board as required by November 2008. Information was gathered on each program's enrollment and demographics of nursing students, faculty, graduates, curriculum, and clinical facilities in the state. The 2008 Annual Report of South Dakota Nursing Education Programs was presented and approved by the South Dakota Board of Nursing at its regularly scheduled meeting April 7-8, 2009.

South Dakota's fifteen nursing education programs include six baccalaureate, four associate, and five practical nurse programs. Seven of the fifteen programs offer upward mobility programs, four registered nurse (RN) and three practical nurse (PN) programs. The nursing programs offer a combination of full and part time options, with almost 67% offering online access to courses. One program utilizes interactive television and one online program is individually paced. *The 2008 Nursing Education Annual Report* is available at *www.nursing.sd.gov* within the South Dakota Center for Nursing Workforce link.

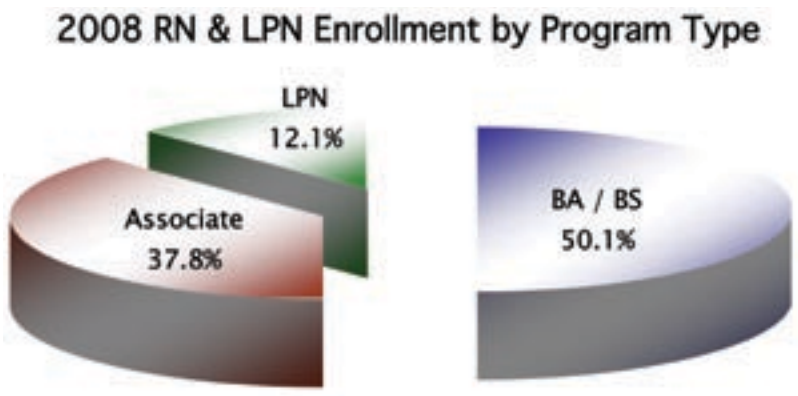
## Enrollment

Total enrollment for baccalaureate programs for RN licensure was 318 nursing students. Of the 968 students enrolled, there were seven transfer students and 643 continuing students. Total enrollment remains the same as 2007 following a 9.3% decrease last year.

Enrollment in associate degree for RN licensure was 731 students, a five percent increase over from 2007. Of the 731 students, 378 were beginning students, and 353 continuing students.

PN programs for licensure of Licensed Practical Nurses (LPN) enrolled 233 students, including 224 new students, and nine continuing students; a 28.7% increase in students from 2007.

Total enrollment in all three types of nursing education programs increased 4.7% in 2008 following a 6% decrease in 2007. Enrollment has increased 86% over the past ten years, with a steady increase beginning in 2002 when legislature authorized increased funding to public schools for nursing programs.




## Capacity

South Dakota's baccalaureate and associate RN programs received a total of 1,474 nursing student applications in 2008, of which 862 (58.4 %) were accepted, representing a 6% increase for both applicants and student enrollment compared with the numbers in 2007.

Baccalaureate programs received 746 applications for spring and fall semesters in 2008. Of those, 111 applicants were not accepted as they did not meet qualifications for enrollment; while another 113 students qualified for enrollment but were not admitted due to lack of available program space in public universities. Of the 635 qualified students accepted in the program, 33 later declined admission and six dropped prior to beginning the program. Overall in 2008, 483 (64.7%) of the applicants were accepted and enrolled in courses. RN upward mobility programs were not included in the enrollment capacity numbers as these students hold active RN license. Baccalaureate nursing programs had an increase of 20 (1%) students enrolled in 2008 with 968 students total enrolled full and part time.

Associate degree programs received 728 (9% increase from 2007) applications of which 141 were not accepted. Fifty one applicants were accepted but declined admission; 147 (20%) applicants, were qualified but not admitted due to lack of program space; ten dropped prior to beginning the nursing program. Overall, 379 (52%) applicants were accepted and enrolled in an associate degree nursing program. Associate degree programs had an increase of 49 (14.8%) enrolled or 1699 full and part time students over the previous year.

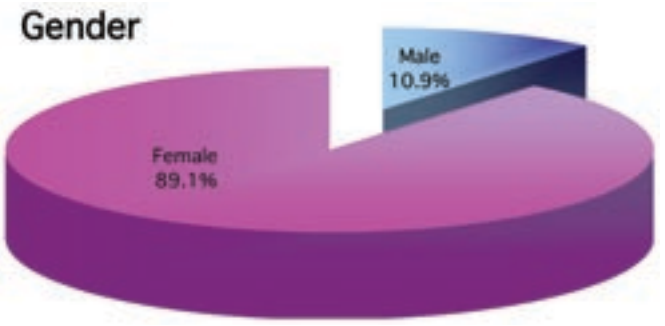
Capacity in South Dakota's five PN programs totals 285 students; in 2008, 849 applications were received. Of those, 485 (57%) applicants were not accepted based on qualification criteria; twenty-three applicants were qualified but were not accepted due to lack of program space; eighty-seven were accepted for admission but later declined, and twelve were accepted but dropped prior to beginning the nursing program. Overall, 242 (28.5%) applicants were accepted and enrolled in 2008 with 233 students enrolled. The report indicates an almost 70% increase in applications from 2007.

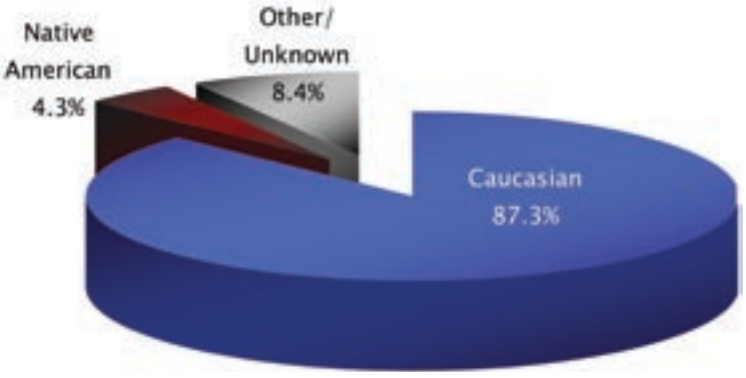
## Upward Mobility

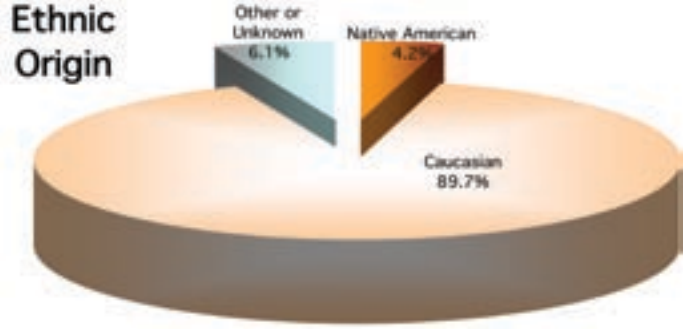
Enrollment in LPN to baccalaureate degree upward mobility programs remained essentially the same in 2008. Forty five students were enrolled in 2008 as compared to forty three students in 2007. LPN to associate degree enrollment was at 68 students, a decrease of nine from a year ago. Enrollment in the RN upward mobility programs decreased by three students from 378 students in 2008 compared to 381 students in 2007. Upward mobility enrollment for all program types decreased 2% in 2008.

## Characteristics of Student Population

Females continue to comprise the majority at 1,722 (89%) of RN and PN student enrollment, (total student enrollment = 1,932); with 10.9% (210) enrolled are male students, a decrease of less than 1%. Males enrolled in RN baccalaureate and associate degree programs comprised 9.9% of the students while 1% of students enrolled in PN programs are males.




Similar to previous nursing education reports, the majority, or 89.7% of students in 2008 were Caucasian, 4.2% were Native American, and 6.1% of enrolled students were other or unknown.

Age ranges for students enrolled in RN and LPN nursing education programs have remained constant the past six years. The majority, or 903 (46.7%) students, enrolled in nursing programs were 18-22 years of age, 518 (26.8%) were 23-27 years, 217 (11.32%) were 28-32 years, 123 (6.3%) were 33-37 years, and 171 (8.8%) of students were 38 years or older.

Almost 73% of students enrolled identified South Dakota as their primary state of residence, 14.3% indicated Minnesota, and the remaining 12.7% responded that Wyoming, North Dakota, Iowa, Nebraska and other undetermined states were their primary states of residence. Similar to previous nursing education reports, the majority, or 87.3% of students, in 2008, were Caucasian, 4.3% were Native American, and 8.4% of enrolled students were other or unknown.

## Graduates

Baccalaureate nursing education programs produced 382 basic graduates, a 29.3% increase over 2007. Associate degree programs produced 327 basic graduates, a 6% decrease from the previous year 2007. PN programs graduated 126 students, a 20% increase from 2007. LPN to baccalaureate RN upward mobility produced 14 graduates, a 50% increase from 2007. RN to baccalaureate degree upward mobility

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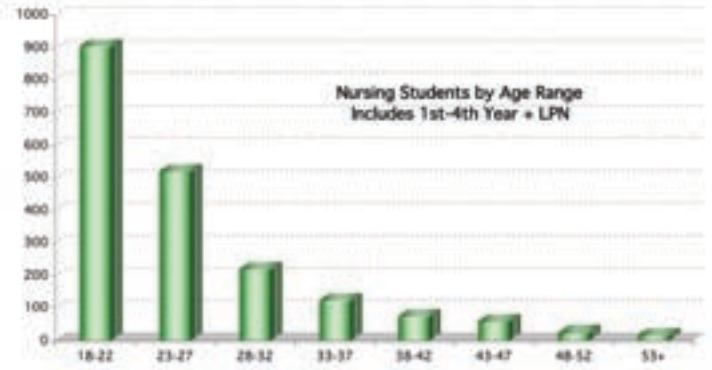


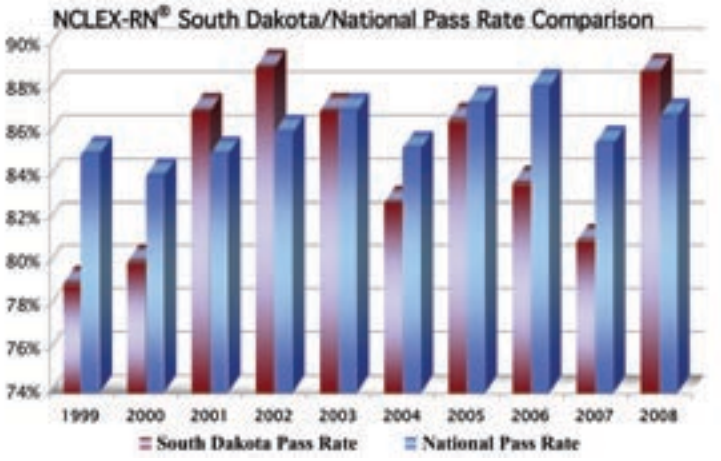

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programs produced 84 graduates, a 22.6% increase since 2007. The LPN to associate degree upward mobility programs produced 56 graduates, a 7% decrease from 2007. The majority of RN and PN graduates were 23-27 years of age, the same as the previous year.

## Licensure Exam Pass Rates

RN pass rates for the NCLEX-RN was 88.81% compared to the 86.73% national pass rate for 2008. PN pass rates for the National Council Licensure Examination (NCLEX-PN) in 2008 was 93.6% compared to the national pass rate of 85.62%.

## Faculty

Educational preparation of faculty employed by all types of nursing education programs in 2008 reflected a 9% increase for faculty prepared with a master's degree in nursing. Baccalaureate prepared faculty increased 8% and those prepared with an associate degree in nursing doubled from 7 faculty to 19 associate prepared faculty for 2008. South Dakota nursing education programs employ 32 (10.6%) doctoral prepared faculty.

Sixty-six faculty were enrolled in programs leading to an advanced degree. Of those, 4.5% (3) were enrolled in a baccalaureate nursing program, 69.7% (46) were enrolled in a nursing master's program, while 25.8% (17) are enrolled in a doctorate degree program.

Baccalaureate nursing programs reported employing 177 faculty members. Of those, 40.1% were employed full-time and almost 60% part-time. The highest nursing degree held by the majority of faculty was master's and baccalaureate degrees in nursing. Both degrees had 71 (41.3%) prepared faculty, while 30 (17%) faculty hold a doctoral degree in nursing. The remaining 2.3% of faculty held associate degrees.

Associate degree nursing programs reported employing 76 faculty members, 73.6% employed full time, a decrease of 15% from 2007. Part time faculty was at 26.3%, a 14.5% increase from the previous year. Of those, two faculty hold a doctoral degree (2.6%), 47 (64.4%) hold a master's degree in nursing, while 22 (30.1%) hold a baccalaureate degree in nursing, compared to 14 a year ago, or a (36.3%) increase from 2007.

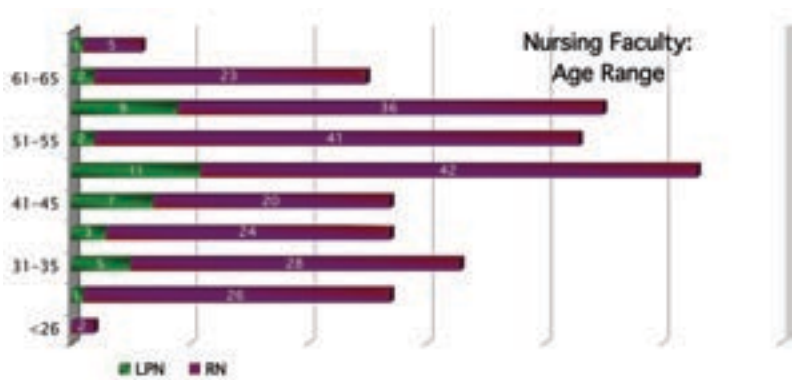
PN programs reported employing 42 faculty members; 22 (52.3%) were full time and 20 (47.6%) part time. Of those faculty, six (15%) hold a master's degree in nursing, 18 (45%) hold a baccalaureate degree in nursing, while 13 (32.5%) hold an associate degree in nursing. The number of associate degreed nurses serving as faculty in PN programs has doubled since a year ago. In addition, for the remaining 4%, one faculty holds a non-nursing master's, and two hold associate degrees.

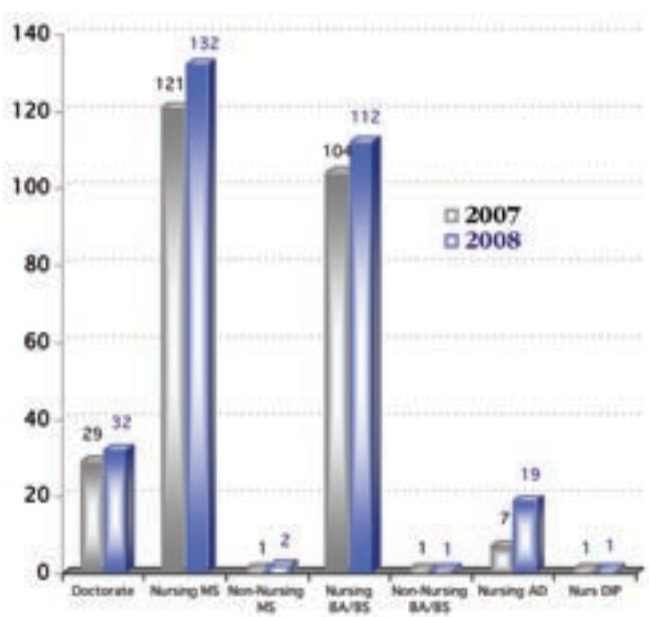
Fifty-three faculty are in the age range 46-50, while 43 faculty are in the 51-55 age range, with 45 faculty between the ranges of 56-60. Twenty-five faculty fall into the 61-65 age range, with six faculty above 65 years of age. Almost 60% of faculty in South Dakota are 46 years or older.

Eleven of the thirty-two doctoral prepared faculty are in the 56-60 age range, followed by nine in the 51-55 range. Seven are in the 61-65 range, with the remaining five falling into the 36-50 age range. Master's prepared faculty average 18% each in three age categories; 46-50, 51-55, and 56-60, with more than 10% in the 61-65 age range. The next highest age range 36-40 indicates that 10.6% fall into this age category. Fifteen percent of baccalaureate prepared faculty fall into the 26-30 and 46-50 categories, or 30% of total faculty.

Educational preparation of faculty employed by all types of nursing education programs in 2008 reflected a 9% increase for faculty prepared with a master's degree in nursing.

Baccalaureate prepared faculty increased 8%, and those prepared with an associate degree in nursing more than doubled from 7 to 19 associate-prepared faculty for 2008.



# Professional Boundaries

## A Guide To the Importance of Appropriate Professional Boundaries
## Courtesy of the National Council of State Boards of Nursing

As a health care professional, a nurse strives to inspire the confidence of clients, treat all clients and other health care providers professionally, and promote the clients' independence. Clients can expect a nurse to act in their best interests and to respect their dignity. This means that a nurse abstains from obtaining personal gain at the client's expense and refrains from inappropriate involvement in the client's personal relationships.

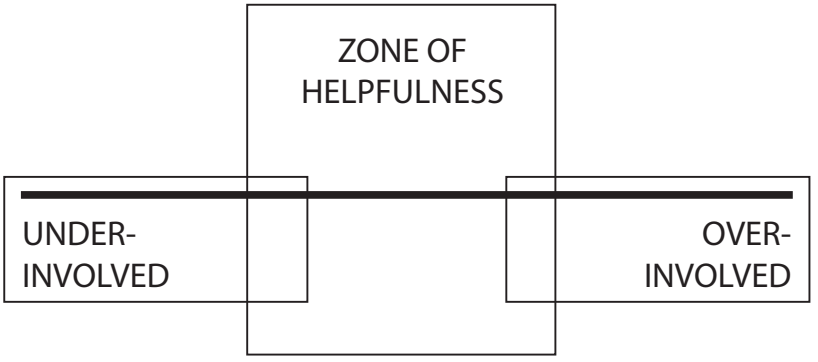
***Professional boundaries are the spaces between the nurse's power and the client's vulnerability.***

The power of the nurse comes from the professional position and the access to private knowledge about the client. Establishing boundaries allows the nurse to control this power differential and allows a safe connection to meet the client's needs.

***Boundary violations can result when there is confusion between the needs of the nurse and those of the client.***

Such violations are characterized by excessive personal disclosure by the nurse, secrecy or even a reversal of roles Boundary violations can cause distress for the client, which may not be recognized or felt by the client until harmful consequences occur.

***Boundary crossings are brief excursions across boundaries that may be inadvertent, thoughtless, or even purposeful if done to meet a special therapeutic need.***




The nurse can return to established boundaries after a boundary crossing, but he or she should evaluate the crossing for potential client consequences and implications. Repeated boundary crossings should be avoided.

***Professional sexual misconduct is an extreme form of boundary violation and includes any behavior that is seductive, sexually demeaning, harassing, or reasonably interpreted as sexual by the client.***

Professional sexual misconduct is an extremely serious violation of the nurse's professional responsibility to the client. It is a breach of trust.

### A Continuum of Professional Behavior

A zone of helpfulness is in the center of the professional behavior continuum. This zone is where the majority of client interactions should occur for effectiveness and client safety. Over-involvement with a client is on the right side of the continuum; this includes boundary crossings, boundary violations, and professional sexual misconduct.

Under-involvement lies on the left side; this includes distancing, disinterest and neglect, and it can be detrimental to the client and the nurse. There are no definite lines separating the zone of helpfulness from the ends of the continuum; instead, it is a gradual transition.

This continuum provides a frame of reference to assist nurses in evaluating professional-client interactions. For each situation, the facts should be reviewed to determine whether the nurse was aware that a boundary crossing occurred and why. The nurse should be asked: What was the intent of the boundary crossing? Was it for a therapeutic purpose? Was it in the client's best interest? Did it optimize or detract from the nursing care? Did the nurse consult with a supervisor or colleague? Was the incident appropriately documented?

### Some Guiding Principles for Determining Professional Boundaries and the Continuum of Professional Behavior

- The nurse's responsibility is to delineate and maintain boundaries.
- The nurse should work within the zone of helpfulness.
- The nurse should examine any boundary crossing, be aware of potential implications, and avoid repeated crossings.
- Variables such as the care

continued on page 16

continued from page 15

setting, community influences, client needs, and the nature of therapy affect the delineation of boundaries.
- Actions that overstep established boundaries to meet the needs of the nurse are boundary violations.
- The nurse should avoid situations where the nurse has a personal or business relationship, as well as a professional one.
- Post-termination relationships are complex because the client may need additional services and it may be difficult to determine when the nurse-client relationship is truly terminated.

## Questions & Answers

***What if a nurse wants to date or even marry a former patient? Is that considered sexual misconduct?***

The key word here is former, and the important factors to consider when making this determination are:
- What is the length of time between the nurse-client relationship and the dating?
- What kind of therapy did the client receive? Assisting a client with a short-term problem, such as a broken limb, is different than providing long-term care for a chronic condition.
- What is the nature of the knowledge the nurse has had access to, and how will that affect the future relationship?
- Will the client need therapy in the future?
- Is there risk to the client?

***Do boundary violations always precede sexual misconduct?***

Boundary violations are extremely complex. Most are ambiguous and difficult to evaluate. Boundary violations may lead to sexual misconduct, or they may not. Extreme sexual misconduct, such as assault or rape, is not only a boundary violation, it is criminal behavior.

Does client consent make a sexual relationship acceptable?

Regardless of whether the client consents or initiates the sexual conduct, a sexual relationship is still considered sexual misconduct for the health care professional. It is an abuse of the nurse-client relationship that puts the nurse's needs first. It is always the responsibility of the health care professional to establish appropriate boundaries with present and former clients.

***How can I identify a potential boundary violation?***

Some behavioral indicators can alert nurses to potential boundary issues for which there may be reasonable explanations. However, nurses who display one or more of the following behaviors should examine their client relationships for possible boundary crossings or violations:
- *Excessive self-disclosure* - The nurse discusses personal problems, feelings of sexual attraction, or aspects of his or her intimate life with the client.
- *Secretive behavior* - The nurse keeps secrets with the client and/or becomes guarded or defensive when someone questions their interaction.
- *"Super nurse" behavior* - The nurse believes that he or she is immune from fostering a non therapeutic relationship and that only he or she understands and can meet the client's needs.
- *Singled-out client treatment or attention to the nurse* - The nurse spends inappropriate amounts of time with a particular client, visits the client when off-duty, or trades assignments to be with the client. This form of treatment may also be reversed, with the client paying special attention to the nurse, e.g. giving gifts to the nurse.
- *Selective communication* - The nurse fails to explain actions and aspects of care, reports only some aspects of the client's behavior, or gives "double messages." In the reverse, the client returns repeatedly to the nurse because other staff members are "too busy."
- *Flirtations* - The nurse communicates in a flirtatious manner, perhaps employing sexual innuendo, off-color jokes, or offensive language.
- *"You and me against the world" behavior* - The nurse views the client in a protective manner, tends not to accept the client as merely a client, or sides with the client's position regardless of the situation.
- *Failure to protect the client* - The nurse fails to recognize feelings of sexual attraction to the client, consult with a supervisor or colleague, or transfer care of the client when needed to support boundaries.

***What should a nurse do if confronted with possible boundary violations or sexual misconduct?***

The nurse needs to be prepared to deal with violations by any member of the health care team. Client safety must be the first priority. If a health care provider's behavior is ambiguous, or if the nurse is unsure of how to interpret a situation, the nurse should consult with a trusted supervisor or colleague. Incidents should be thoroughly documented in a timely manner. Nurses should be familiar with reporting requirements, as well as the grounds for discipline, and they are expected to comply with these legal and ethical mandates for reporting.

***What are some of the nursing practice implications of professional boundaries?***

Nurses need to practice in a manner consistent with professional standards. Nurses should be knowledgeable regarding professional boundaries, and establish and maintain those boundaries. Nurses should examine any boundary-crossing behavior and seek assistance and counsel from their colleagues and supervisors when crossings occur.

## North Dakota Board of Nursing Officers and Members

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## North Dakota Board of Nursing 2009 Meeting Dates

***UPCOMING BOARD MEETING DATES***

July 16 & 17, 2009 Annual Meeting
September 17-18, 2009

**For additional information, please call 701-328-9779**

*North Dakota Board of Nursing Annual Report is available on the Web site at www.ndbon.org/ publications.*

## WORKPLACE IMPAIRMENT PROGRAM

An Alternative to Discipline.
A monitoring program for nurses with impairments of:

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For more information contact:
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919 S. 7th St. Suite 504, Bismarck, N.D. 58504-5881
Phone: (701) 328-9783 • Fax: (701) 328-9785
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e-mail: kbitz@ndbon.org

**NURSES** ***Have you moved recently?***
**Update your address on the N.D. Board of Nursing Web site: www.ndbon.org**
***Click on: Address Change***
*We appreciate it when licensees help us maintain current records!!*

## Telephone Lines Busy? Use E-mail!

You can contact anyone at the Board of Nursing by e-mail.

| BOARD STAFF | E-MAIL ADDRESSES |
|---|---|
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| **Sally Bohmbach, Administrative Assistant** | **bohmbach@ndbon.org** |
| **Kathy Zahn, Administrative Assistant** | **kzahn@ndbon.org** |

## PROVISION of HIGH QUALITY NURSING CARE

A series of Educational Presentations
Sponsored by the North Dakota Board of Nursing

**PURPOSE:** To provide an opportunity for students, registrants, and licensees to keep current on regulatory issues in the nursing profession.

**AVAILABLE TOPICS:**
* Advanced Practice Licensure
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* Standards of Practice- LPN
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**BENEFITS:**
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Constance Kalanek, PhD, RN, FRE
Karla Bitz, PhD, RN, FRE
Patricia Hill, RN; BSN
Linda Shanta, PhD, RN

Length of Presentation(s): 60 minutes each. Fee: $50 per presentation plus mileage.
Contact Hours: 1 contact hour each except Standards of Practice & Code of Ethics is 2.3 contact hours.
Approved by the North Dakota Board of Nursing

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# NDBON STAFF APPOINTMENTS

Constance Kalanek PhD, RN, FRE

Linda Shanta PhD, RN

Karla Bitz PhD, RN, FRE

**Constance Kalanek PhD, RN, FRE**
**Executive Director**

Re-appointed as chair to the National Council of State Boards of Nursing (NCSBN) Institute of Regulatory Excellence (IRE) Committee for a second two year term. Dr. Kalanek has also become a member of the National Association of Professional Women, the fastest growing women's organization dedicated to focus specifically on women's issues and career development.

**Linda Shanta PhD, RN**
**Associate Director of Education**

Dr. Shanta has presented as principal investigator for the Nurse Faculty Intern Pilot Study at the Midwest Nurse Educators Academy held in Grand Forks and the American Association of Colleges of Nursing, Master's Conference in Orlando, Fla. Dr. Shanta also presented the study at the Nursing Education Capacity Summit in Baltimore, Md. The study has been funded by the NCSBN for Regulatory Excellence and NDBON.

**Karla Bitz PhD, RN, FRE**
**Associate Director**

Appointed to the NCSBN Uniform Core Licensure Requirements & Portability Committee. The purpose of the committee is to explore regulatory methods of expediting licensure portability.

Patricia Hill BSN, RN

**Patricia Hill BSN, RN**
**Assistant Director for Practice and Discipline**

Served as a member of the NCLEX Examination Committee for the past two years. The purpose of the committee is to advise the Board of Directors on matters related to the NCLEX® examination process, including examination item development, security, administration and quality assurance to ensure consistency with the Member Boards' need for examinations.

# RECOVERY AS A LIFETIME CHALLENGE

***Reflections: My Participation in the Workplace Impairment Program***

Thinking of how the WIP has helped me leaves me with many thoughts. When I first came into the program I had a number of resentments. How could someone I did not know have so much control over my life. Making that first call to the board was the hardest thing I had to do. Now, three years later I look back and know it was the best thing that could have happened to me.

I knew I had a problem and tried a number of times and ways to stop. Nothing seemed to work for me. What I did not realize was how bad the problem was. After making that first call, I was entered into the WIP. The first thing that helped me was going to treatment, this was only the beginning of my recovery. Going to treatmmt opened my eyes and taught me what addiction was, it gave me a chance to look back at my life and realize how long I had a problem. It also showed me that using drugs was only a symptom of my addiction. I had been able to stop using in the past but always started again because I never dealt with the cause of the addiction.

The second thing to help me was going to the meetings, for me I chose to go to NA. These meetings showed me I was not the only one having the problems I was having in live. I learned to express my feelings and have fun in life without the use of drugs.

The third thing I had to do was find a sponsor. During my time in the program I have had a great sponsor who works a great program himself. Because of that he has been able to work the steps of the program with me, and help me learn about myself. Why I feel and act the way I do and how to create positive outcomes out of negative situations.

The fourth thing was all the paperwork that had to be filed monthly then quarterly. This taught me how to be responsible for my actions. It showed me there could be consequences for my actions. It also showed me it was OK to have others watching and monitoring what I was doing. I was doing the right thing and had no reason to care about the monitoring.

Then of course there was the drug testing itself. When I first started going I was angry and rude to the people doing the testing. Now that I am at the end of that testing, I find I am going to miss the testers. It seemed to be a hassle to call in every day to see if I had to test. As time went on it became a part of my every day life.

As I look back at the program. I could not have asked for anything better. It was exactly what I needed. The program is in place to protect the public from nurses who have problems like I was having, but it is so much more than that for me. This program saved my life! Like I said earlier, not only did the program help me to stop using drugs, it helped me to live my life by a number of spiritual principles that I follow on a daily basis. I have learned how to be a loving and caring person who people want to be around. Living my life today is a wonderful thing. Being asked to put into words how the program helped me is impossible. No words can explain what the program did for me and continues to do.

*– Craig, LPN*

*To find out more information about the Workplace Impairment Program contact Karla Bitz, Associate Director, ND Board of Nursing, at 701-328-9783.*

# CONTINUING EDUCATION AUDIT 2008 REPORT

| Audited | RN | LPN | APRN | APRNs with Rx Authority | 2006 Exam Applicants | Total |
|---|---|---|---|---|---|---|
| 2008 | 80 | 47 | 2 | 4 | 19 | 152 |
| Audit 2006 | 4 | 5 | | | | 9 |
| Total | | | | | | 161 |
| Fully Met | | | 2 | 4 | 19 | |
| | | | | | | |
| Second notice | 14 | 12 | | | | |
| Request for clarification | 9 | 3 | | 1 | | |
| Responded after second notice | 13 | 10 | | | | |
| | | | | | | |
| Completed CE after audit & adm fee | 2 | 1 | | | | |
| Non-disciplinary non-compliance | | | | | | |
| Final notice by certified mail | 1 | 1 | | | | |
| Responded after certified mail | 1 | 1 | | | | |
| Disciplinary action | 0 | | | | | |
| | | | | | | |
| | | | | | | |

Continuing education for license renewal was mandated in 2003 North Dakota legislative session and the regulations went into effect on Aug. 1, 2003. Nurses are randomly selected for audit annually. During the 2008 renewal period, a request for audit was generated through the online renewal process to obtain a random sample of 152 nurses who renewed for the 2009 – 2010 licensure period and verified completion of 12 contact hours of continuing education. The 152 nurses were asked to submit documents to verify completion of the required contact hours for the previous 2 years by furnishing a copy of the certificate of attendance for the earned contact hours. Nine renewal applicants who were noncompliant in 2006 were also audited per policy. The majority of nurses chose to meet the continuing education requirements by obtaining the appropriate number of contact hours. Nineteen new graduates were audited by using the submitted transcript of academic credits. The table above illustrates the compliance of the North Dakota nurses with the CE requirement. One hundred percent fully met the requirement.

# Frequently Asked Questions

## CRIMINAL HISTORY RECORD CHECKS

### NDCC 43-12.1-09.1

***DOES NORTH DAKOTA REQUIRE AN FBI BACKGROUND CHECK OR CRIMINAL HISTORY RECORD CHECK FOR NURSES/UAPS?***

YES. All individuals seeking reinstatement, reactivation, or initial licensure or registration as a nurse or unlicensed assistive person (UAP) to assist in the practice of nursing in the state of North Dakota must submit, along with the other requirements for licensure/registration, a complete and legible set of fingerprints on a Board approved form for the purpose of obtaining a Criminal History Record Check (CHRC) from the Bureau of Criminal Investigations (BCI) and the Federal Bureau of Investigations (FBI).

***WHY IS IT NECESSARY FOR THE BOARD OF NURSING TO CONDUCT CRIMINAL HISTORY RECORD CHECKS (CHRC)?***

The Board of Nursing has a responsibility to exclude individuals who pose a risk to the public health and safety from licensure/registration. Nursing care is often of an intimate physical nature which affords nurses/UAPs access to information about a client as well as to the client's personal property and loved ones in a way that is not available in a business or social relationship or to the public.

Another major reason to implement CHRC relates to the interstate Nurse Licensure Compact (NLC). North Dakota, as a participatory state that has enacted the NLC, must meet uniform core requirements to participate in the compact. A uniform core requirement of the NLC is that CHRC be conducted prior to a license being granted. North Dakota has agreed to comply with this requirement and must do so in order to continue participation in the NLC.

***HOW HAD THE BOARD OBTAINED INFORMATION ABOUT CRIMINAL HISTORY IN THE PAST?***

The past system relied on self-disclosure of criminal history information by the individual applying for a license or registration.

***WHY DID THIS SYSTEM NEED TO BE CHANGED?***

Self-disclosure by individuals is not the best means of public protection available to regulatory boards. The Board of Nursing has no verification that the individual has disclosed the information other than by the word of the applicant. CHRC are used to verify that information disclosed is truthful and constitutes full disclosure. Individuals who are not worthy of the public's trust are excluded from practice.

Once a license or registration is issued, it becomes a property right. It is safer for the public and more cost effective and efficient to deal with the issues prior to the issuance of a license or registration rather than after such a property right has been granted.

***CAN I BE APPROVED TO TAKE THE NCLEX WHILE WAITING FOR THE RESULTS OF THE CHRC?***

Yes. The Board may grant eligibility to take the examination and issue a 90-day non-renewable work authorization to practice as a graduate nurse to an applicant for initial license by examination who has applied for a CHRC within 60 days of graduation, provided the applicant has met all other licensure requirements.

***CAN I BE GRANTED A TEMPORARY PERMIT FOR LICENSE BY ENDORSEMENT WHILE WAITING FOR THE RESULTS OF THE CHRC?***

Yes. The board may grant a 90-day non-renewable temporary permit to an applicant for initial licensure by endorsement who has applied for a CHRC provided the applicant has met all other requirements for the temporary permit.

***CAN I BE GRANTED A TEMPORARY PERMIT AS AN UNLICENSED ASSISTIVE PERSON (UAP) OR MEDICATION ASSISTANT WHILE WAITING FOR THE RESULTS OF THE CHRC?***

Yes. The board may grant a 90 day non-renewable temporary permit to an applicant for initial registration who has applied for a CHRC provided the applicant has met all other requirements for the temporary permit.

***CAN I BE PLACED ON THE UAP REGISTRY WHILE WAITING FOR THE RESULTS OF THE CHRC?***

No. The board must receive a clear or approved CHRC prior to the issuance of a UAP registration.

***CAN I SUBMIT THE FINGERPRINT CARD WITH MY APPLICATION FOR LICENSURE/REGISTRATION?***

When the Board of Nursing receives your application, a set of fingerprint cards and instructions will be sent to you. The Board of Nursing Web site (www.ndbon.org) will provide detailed information regarding the CHRC process related to your application for licensure/registration.

***HOW LONG DOES IT TAKE TO RECEIVE MY WORK AUTHORIZATION/TEMPORARY PERMIT?***

The length of time to receive the work authorization or temporary permit will vary depending on the applicant's circumstance. The board may grant a nonrenewable temporary permit or work authorization to an applicant for initial licensure or registration who has applied for a CHRC provided the applicant has met all other licensure or registration requirements.

***CAN I USE THE SAME CHRC IF I AM AN LPN AND OBTAIN MY RN LICENSE?***

If your previous CHRC was completed within the

past ninety (90) days, you are not required to submit to an additional CHRC. This also applies to obtaining other registrations/licenses; i.e., UAP to MA, UAP to LPN, LPN to RN, RN to APRN.

**IF I AM A UAP AND RECENTLY OBTAINED REGISTRY STATUS AS A MEDICATION ASSISTANT, DO I NEED A NEW CHRC?**

If your previous CHRC was completed within the past ninety (90) days, you are not required to submit to an additional CHRC. This also applies to obtaining other registrations/licenses; i.e., UAP to MA, UAP to LPN, LPN to RN, RN to APRN.

***WILL CHRC BE REQUIRED FOR RENEWAL OF LICENSES AND REGISTRATIONS?***

No. At this time, an individual currently licensed or registered in ND will not be required to obtain a CHRC for licensure/registration renewal.

***WHAT HAPPENS TO AN INDIVIDUAL WITH A POSITIVE CRIMINAL HISTORY WHO APPLIES FOR A LICENSE OR REGISTRATION?***

The Board of Nursing will continue to make decisions on a case-by-case basis. Each case is examined individually and a determination whether or not to grant a license or registration to an individual is based on the facts of the case.

***HOW MUCH WILL IT COST AND WHO WILL PAY FOR CHRC?***

The individual applicant for licensure or registration is responsible for all costs associated with CHRC. The fee for submission to the Bureau of Criminal Investigation and Federal Bureau of Investigation is $47.25. A processing fee of $20.00 for the ND Board of Nursing is included with your application fee. The cost for the fingerprinting will vary dependent upon the local law enforcement agency or the approved Background Check Vendor.

***IF I ALREADY HAVE A CHRC THAT I OBTAINED FOR ANOTHER PURPOSE, CAN I USE THAT REPORT INSTEAD OF GOING THROUGH THE CHRC PROCESS AGAIN?***

No. An additional CHRC would need to be completed as required by the Board of Nursing. Fingerprints submitted to other agencies cannot be used by the Board of Nursing to obtain criminal history record checks from the BCI and the FBI. According to the CFR, Section 50.12…"records obtained from the FBI may be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity".

***HOW LONG WILL THE CHRC PROCESS TAKE?***

The Bureau of Criminal Investigations will process the requests as quickly as possible. However, it is important that you plan ahead! Your license/registration will not be issued until your CHRC report has been reviewed and approved for processing.

***MY CHRC CAME BACK WITH A CHARGE I FORGOT ABOUT. WILL I AUTOMATICALLY BE DENIED BECAUSE I DID NOT DISCLOSE THE OFFENSE TO THE BOARD OF NURSING?***

You will not be approved for licensure/registration without providing the board with information concerning the offense. Failure to disclose an offense must be explained to the Board of Nursing in writing and may result in disciplinary action, including denial of licensure or registration.

***WHAT CRIMES OR LICENSE DISCIPLINE MUST BE REPORTED TO THE BOARD OF NURSING?***

A. **Crimes.** All felony related arrests, charges, or convictions must be reported. This includes all felony related crimes, including felony arrests, felony charges, or felony convictions that result in a plea agreement, misdemeanor, nolo contendere, deferred imposition, dismissal, record expungement, or other action.

B. **License Discipline.** All prior or current disciplinary action against another professional license must be reported, whether it occurred in ND or in another state or country.

***I HAVE A PENDING CRIMINAL CHARGE AGAINST ME. DO I HAVE TO REPORT THIS TO THE BOARD OF NURSING?***

The Board of Nursing requires that all felony related arrests, charges, or convictions be reported to the Board. This includes all pending felony related criminal offenses and/or disciplinary action.

For additional information, contact Karla Bitz, Associate Director for the Board of Nursing at 701-328-9783.

# FAQS ON PRACTICE & REGULATION

**1. I have a ND license and want to work in another compact state. What do I need to know before I accept a job in another compact state?**
The mutual recognition model of nurse licensure allows a nurse to have one license (in the nurse's primary state of residence) and to practice in other compact states, as long as that individual acknowledges that he or she is subject to each state's practice laws and discipline.
If you are licensed in ND and claimed ND as your primary state of residence, you received a ND compact license and can use this license in another compact state (unless you have restrictions on your license and do not have multi-state privilege to practice in other states).
If you are licensed in ND but claimed a non-compact state as your primary state of residence, you would have received a license that says "Single State" and can only use that license in ND.
Check the North Dakota Board of Nursing Web site at www.ndbon.org and click on Verify Permits & Licenses under the section "Online Services" to verify if you have multi-state privilege on your ND license.

For general information regarding the Nurse Licensure Compact visit the National Council State Boards of Nursing Web site at www.ncsbn.org and click on Nurse Licensure Copmpact (NLC).

**2. As an employer, how will I verfy current licensure/registration status of nurses/unlicensed assistive persons?**
The ND Board of Nursing website, www.ndbon.org has a section titled "Online Services". Under this section choose "Verify Permits & Licenses". By choosing this, you can determine current nursing license or UAP registration. The verification licensure/registration information generated from this system is considered primary source verification by the North Dakota Board of Nursing.

The North Dakota Department of Health continues to maintain the Certified Nurse Aide Registry. Please access the ND Department of Health verification Web site at https://www.ndhealth.gov/hf/registry/inquiry-search.aspx to verify current certified nurse aide registration.

**3. I am a Registered Nurse and my nursing supervisor is a Licensed Practical Nurse. Can LPNs supervise RNs?**
LPNs cannot supervise RN nursing practice. According to the ND Administrative Code Chapter 54-05-01, the LPN assists in implementing the nursing process. The LPN practices under the direction of the registered nurse, advanced practice registered nurse or licensed practitioner.

# 61ST LEGISLATIVE SESSION NURSING RELATED LEGISLATION

| BILL # | BILL DESCRIPTION | STATUS |
|---|---|---|
| HB 1215 | EMT Medication Administration | Passed. |
| HB 1269 | Unlicensed Assistive Person Discipline | Passed. |
| HB 1280 | Study of NDAC Standards | Passed. |
| SB 2094 | Development Center exemption for medication administration | Passed. |
| SB 2158 | ARPNs as Medicaid providers | Passed. |
| SB 2168 | Autopsy Reports/St. Med. Examiner APRNs & RNs coroners | Passed. |
| SB 2266 | Nurse Ed. Consortium | Passed. |
| SB 2344 | Decriminalization of breast feed. Also included workplace requirements | Passed. |

For detailed information visit the website www.legis.nd.gov

# LAVONNE RUSSELL HOOTMAN, '54, RECEIVED HONORARY DOCTORATE AT UND SPRING COMMENCEMENT

The College of Nursing at the University of North Dakota is proud to announce that LaVonne Russell Hootman, '54, received an honorary doctorate at UND's spring commencement ceremony on May 16, 2009.

This is the first honorary doctorate UND has bestowed upon a nursing alumna.

LaVonne Russell Hootman earned her bachelor's degree in 1954 and a certificate as a family nurse practitioner in 1981, both from UND; a Master's degree in education in 1961 from the University of Minnesota; and a Ph.D. from the University of Texas-Austin in 1989. LaVonne served on the faculty of the UND College of Nursing from 1954 until her first retirement in 1994,and again in 1997–1998 to direct the Recruitment and Retention of American Indians into Nursing (RAIN) program, which she was instrumental in launching. She served as an assistant dean, acting dean, as associate dean, and other leadership roles during her tenure and was promoted to full professor in 1981.

Hootman was appointed by the governor to the North Dakota Board of Nursing, where she served two terms, including time as Board President, as Vice President, and as Treasurer. She has also earned several major awards, including the Edgar Dale Award for distinguished teaching and service (UND, 1979); the North Dakota State Nurses Association Honorary Recognition Award (1980 and 1996); and induction into the North Dakota Nursing Association Hall of Fame (2004).

## UPDATED FORMS

The North Dakota Board of Nursing is continually updating paper forms. Please make sure to use the most recent form by printing it from our website at www.ndbon.org. If old forms are sent to our office, they may be returned to the sender for completion using the most recent form.

# COMMITMENT TO ONGOING REGULATORY EXCELLENCE (CORE) NORTH DAKOTA STATE REPORT

*December 2008*

The purpose of the Commitment to Ongoing Regulatory Excellence (CORE) project is to provide an ongoing performance measurement and benchmarking system for nursing regulators. CORE provides and compares data that can be used for performance measurement and organizational enhancements by Boards of Nursing. By providing evidenced-based data nursing regulators are better able to meet their legislative mandate to protect the public.

Through CORE, Boards of Nursing receive data collected and analyzed by NCSBN. The data may help boards promote excellence in the provision of regulatory services with the overall goal of public protection.

This is the third CORE report on measurement outcomes related to five board functions: (1) discipline, (2) practice, (3) education program approval, (4) licensure and (5) governance. Previous reports were issued in 2002 and 2005. To compare and identify trends, findings from previous years are reported with results from the 2007 surveys.

NCSBN surveyed Boards of Nursing and random samples of groups of stakeholders that are directly affected by board actions. These groups included: (1) employers (2) nursing programs and (3) nurses.

The CORE Committee is pleased to present the data for the 2007 CORE Project to Member Boards and hopes the data will prove helpful as one method of performance measurement. NCSBN staff remains available to assist individual states in further analysis and interpretation of their state's data.

*[1]The term "governance" can refer to organizational structures, administrative processes, managerial judgment, systems of incentives and rules, administrative philosophies, or a combination of these elements. One goal of governance is to enable an organization to do its work and fulfill its' mission. Good governance should lead to organizational effectiveness.*

Scale:

| | | |
|---|---|---|
| 4 – Very effective | or | very fair |
| 3 – Somewhat effective | or | fair |
| 2 – Ineffective | or | unfair |
| 1– Not effective at all | or | very unfair |

| **Administration NURSES or EMPLOYERS Perceptions.** | **2005 ND** | **2007 ND** | **Aggregate** |
|---|---|---|---|
| **Response Rate** | 58% | 58% | -- |
| **Employment as a nurse** | 94% | 96% | -- |
| **Primary Place of employment** | Hospital 64.6% | Hospital 64.3% | Hosp 64.3% |
| **Budget –expense for each licensee** | $59.17 | $61.96 | $54.60 |
| **Nurses' Satisfaction with licensure process** | -- | 3.45 | 2.35 |
| **Nurses satisfaction with renewal process** | -- | 3.39 | 3.30 |
| **Perception of nurses regarding newsletter** | 3.08 | 3.13 | 3.11 |
| **Perception of nurses website** | -- | 3.22 | 2.85 |

| | | | |
|---|---|---|---|
| **Perception of nurses telephone system** | 2.63 | 2.99 | 2.74 |
| **Understand difference between roles of Board of Nursing and Professional Associations** | Somewhat/ Understand 77.2% | Somewhat/ Understand 72.8% | Somewhat/ Understand 73.3% |
| **Accessibility and clarity of Board of Nursing Statutes/rules** | Accessible 97.1% Clarity 82.9% | -- | Accessible 91.1% Clarity 75.6% |
| **Ratings of existing statutes and administrative rules and regulations** | -- | Adequate Nurses- 96.4% Nursing Ed- 100% | Adequate Nurses- 92% Nursing Ed- 90.9% |
| **Requirements for licensure** | Adequate Employers-90.9% | Adequate Nurses – 94.9% Nursing Ed- 83.3% | Adequate Nurses – 92.3% Nursing Ed- 93.2% |
| **RN Preparation for Practice** | Very well 39.3% Well -54.7% | Very well 33% Well- 64% | Very well 37.7% Well- 57.3% |
| **PRACTICE NURSES Perceptions** | 2005 | 2007 | Aggregate |
| **The average number of decisions made by type of Board activity: advice, clarification, or formal Board decisions.** | | Decisions- 741 Advice – 739 Formal - 2 | |
| **Nurses perception about how nurses understand their scope of practice as defined by the Nurse Practices Act** | 3.30 | 3.46 | 3.50 |
| **Sources used to found out about scope of practice/ practice decisions**<br>• **NPA/Rules**<br>• **Website**<br>• **Newsletter** | -- | <br>49%<br>62%<br>12.1% | <br>58 %<br>43 %<br>17 % |
| **Timeliness of Board of Nursing on questions about practice issues.** | -- | 93.8% | 83.7% |
| **Helpfulness of the Board on questions about practice** | -- | 3.06 | 3.3 |
| **Knowledge of Board of Nursing staff on scope of practice** | -- | 3.33 | 3.17 |
| **Responsiveness of the Board to changes in practice** | -- | 2.58 | 2.85 |

continued on page 28

continued from page 27

| Education Programs<br>NURSES or PROGRAM Perceptions | 2005 | 2007 | Aggregate |
|---|---|---|---|
| Effectiveness of Regulation<br>• Responsiveness to health care changes & Innovations in education. | 3.20 | 3.92<br>3.75 | 3.87-3.45 |
| Effectiveness of Review Process | 3.60 | 4.00 | 3.53-3.82 |
| Process & time frame for surveys<br>• Interval between Board visits | -- | 4.00<br>3.64 | -- |
| Essentialness of Board in Distance Education Approval Process | 3.38 | 3.44 | 3.03-2.91 |
| Helpfulness of Board in Addressing emerging issues & timeliness | 2.60;3.00 | 3.33 | 3.31-3.19 |
| Helpfulness regarding educational issues | 3.80 | 3.82 | 3.65-3.70 |
| Orientation of program directors to rules, regulations & policies | -- | 3.75 | 3.60-3.68 |
| Fairness of Board in sanctions of programs | -- | 3.00 | 3.68-3.62 |
| Appropriateness of the outcome of Board action | -- | 100% | |
| Helpfulness of Board staff | 3.80 | 3.92 | 3.85-3.81 |

| DISCIPLINE<br>NURSES Perceptions | 2005<br>ND | 2007<br>ND | 2007<br>Aggregate |
|---|---|---|---|
| Understanding State Laws about Reporting Misconduct by a nurse. | 3.51 | 3.22 | 3.28 |
| % Who Say They Know How to Report Violation | 56.1% | 61.8% | 64.5% |
| Involved in Board Disciplinary Process in Last 24 Months | 1.9 | 4.0 | 3.23 |
| Effectiveness of Disciplinary Process | -- | 3.04 | 3.09 |
| Effectiveness of Discipline Process in Protecting Public; asked of Nurses Involved with Disciplinary Process | -- | 3.00 | 3.06 |
| Overall Effectiveness in Public Protection | 3.26 | 3.13 | 3.11 |
| Extent of Regulation in ND r/t Complaint Resolution/Discipline Process | Adequate<br>93.5% | Adequate<br>94.9% | Adequate<br>90.5% |

- 4 – Completely Understand or Very Effective
- 3 – Somewhat Understand or Effective
- 2 – Somewhat Misunderstand or Ineffective
- 1– Completely Misunderstand or Very Ineffective

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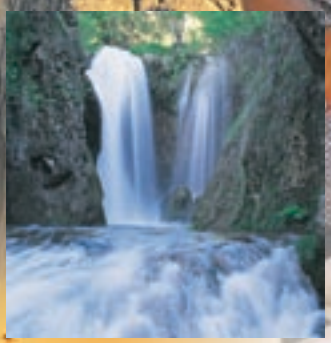

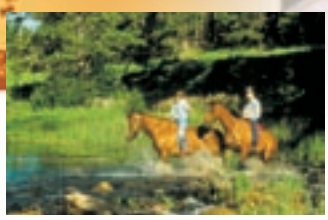

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